

Please check reporting period
January - June,
July - December,

STATE OF IOWA
DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
IOWA FERTILIZER INSPECTION FEE REPORT AND REMITTANCE
Inspection fee report per Chapter 200, Section 200.8, Code of Iowa

(DO NOT STAPLE)
REMITTANCE PAYABLE TO:
Secretary of Agriculture

MAIL TO:
Iowa Department of Agriculture
and Land Stewardship
Fertilizer Bureau
Wallace Bldg - 502 East 9 St
Des Moines, Iowa 50319-0051

THIS REPORT MUST BE FILED BY THE DATE SPECIFIED BELOW (Line 2b), EVEN IF NO TAX IS DUE, OR THE PENALTY WILL BE ASSESSED.
This report includes tonnage fees for the following locations. To make any licensing changes contact the Fertilizer Bureau at 515-281-8597

1. COMMERCIAL FERTILIZERS AND SOIL CONDITIONERS

- a.) Total tons we purchased, sold or distributed in Iowa (Column A or Column B page 2).....
- b) Less tons exempted from fees: Add totals from Column C and Column D page 2.....
- c) Net tons fee due = Line 1a minus line 1b (NOTE: If zero do not return the Groundwater Protection Fee Report)

2. INSPECTION FEE AND PENALTY

- a) Net tons from line 1c above X .17 (If less than one dollar enter zero)
- b) Penalty: If report is filed after Aug 10th (1st Half) or Feb 10th (2nd Half) add \$50 or 10% of line 2a, whichever is larger

TOTAL REMITTED (Line 2a + line 2b).....

(Signature) (Phone)

code 59

NAME (Please Print)

NOTE: NO EXEMPTIONS WILL BE ALLOWED WITHOUT A VALID IOWA FERTILIZER LICENSE NUMBER LISTED IN THE APPROPRIATE COLUMN BELOW WITH THE FOLLOWING EXCEPTION: Sales or distributions of commercial fertilizer or soil conditioners for non agricultural purposes may also be exempted from inspection fees.

Chemical Analysis Of Fertilizer Or Soil Conditioner	Total Tons Purchased A	Total Tons Sold B	Fertilizer License No. of Company to Whom Tons Were Sold Exempt	Tons Sold Exempt (List Tons By Analysis, By Customer) C	Fertilizer License No. Of Company From Whom Tons Were Purchased Fee Paid	Tons Purchased Fee Paid (List Tons By Analysis By Vendor) D
COLUMN TOTALS:						

TOTAL EXEMPT TONS: COLUMN C PLUS COLUMN D: _____
(REPORT THIS NUMBER ON LINE 1b ON FRONT OF THIS FORM)